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PTO/SB/05 (08-00)
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UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box \rightarrow

TO may for new nonprovisional applications under 37 C.F.R. § 1.53(b))

10 2 00	necesor of amorring	don amore water, and a second			
Attorney Docket No.		6065-82965			
First li	nventor	Craig R. SHAMBAUGH et al	P.T.		
Tıtle	Method of Op Statistics	timizing Call Center Resources Based Upon	S		
Expre	ss Mail Label No	. EL854693015US			

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						801	
	PPLICATION ELEMENTS apter 600 concerning utility patent application contents		ADDRESS TO	D: Assistant Con Box Patent Ap Washington, I		j 10	
2. Applicant of See 37 CF 3. Specification (preferred at Pascriptive - Cross Reference or a comparation - Backgrou	- · · - I	4	Computer 8. Nucleotide and (if applicable, a Computer b Specification Sr i. Computer c	or CD-R in duplicate, I Program (Appendix) /or Amino Acid Seque // necessary) Readable Form (CRF) equence Listing on: D-ROM or CD-R (2 co per s verifying identity of a	arge table or nce Submission) pies); or		
- Brief Des	cription of the Drawings (if filed)						
- Detailed [9. Assig	nment Papers (cover	sheet & document(s))		
- Claim(s) - Abstract o	of the Disclosure		37. C	F.R. § 3.73(b) Statem of there is an assignee			
Mode	(35 U.S.C. 113) Total Sheets Total Pages		12 Inform	sh Translation Documonation Disclosure ment (IDS) PTO-1449	Copies of	IDS	
	Total Pages				3		
Newly exe	cuted (original or copy)		13.	ninary Amendment	IDED 500)	ļ	
👆 👆 . Copy from	a prior application (37 CFR 1.63(d))			n Receipt Postcard (N uld be specifically item			
i. D	nuation/divisional with Box 17 completed) DELETION OF INVENTOR(S) Digned statement attached deleting inventor(s) DELETION OF INVENTOR(S) DIGNET OF THE PROPERTY OF THE PROPERT		if for	ied Copy of Priority Do eign priority is claimed	d)		
6. Application Date	a Sheet. See 37 CFR 1.76				·		
17 Ha CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or han Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-In-Part (CIP) Of prior application No.: Prior application information: Examiner Group/Art Unit: FOR CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
	18. CORRESP						
Customer Nun	(Insert Customer No.	or Attach	bard code label hen	or 🔀	Correspondence addres.	s below	
	. Christensen						
	6H & KATZ, LTD. outh Riverside Plaza Floor						
City Chicag				Zip Code	60606		
Country U.S.A		2) 655-		Fax	(312) 655-1501		
Name Print/Type)	Jon P. Christensen		Registration No.	(Attorney/Agent)	34,137		
Signature	Amo			Date	November 6, 2001		

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 978.00

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Complete if Known					
Application Number					
Filing Date	concurrently herewith				
First Named Inventor	Craig R. SHAMBAUGH et al				
Examiner Name					
Group/Art Unit					
Attorney Docket Number	6065-82965				

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
	3. ADDITIONAL FEES					
1. The Commissioner is hereby authorized to charge	_	Entity			1	
indicated fees and credit any over payments to	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit	105	130	205		Surcharge-late filing fee or oath	
Account 03-2470	100	100	200			
Number Deposit Deposit	127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
Account Rockwell Corporation			400	400		
Name	139	130	139	130	Non-English Specification	
Charge any Additional Fee Required	147	2,520	147	2,520	For filing a request for reexamination	
Under 37 CFR. 1.16 and 1.17	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
2. Payment Enclosed:	113	1,840*	113	1,840*		
Check Credit Money Other	445	440	245	==	Examiner action	
Card Order	115	110	215	55 405	Extension for reply within first month	
FEE CALCULATION	116	390	216	195	Extension for reply within second month	
1. BASIC FILING FEE	117	890	217	445	Extension for reply within third month	
Large Entity Small Entity	118	1,390	218	695	Extension for reply within fourth month	
Fee Fee Fee Fee Description Fee Paid	128	1,890	228	945	Extension for reply within fifth month	
Code (\$) Code (\$)	119	310	219	155	Notice of Appeal	
101 710 201 355 Utility filing fee 740.00						
106 320 206 160 Design filing fee	120	310	220	155	Filing a Brief in support of an appeal	
107 490 207 245 Plant filing fee	121	270	221	135	Request for oral hearing	
107 490 207 245 Plant filing fee 108 710 208 355 Reissue filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
	140	110	240	55	Petition to revive - unavoidable	
114 150 214 75 Provisional filing fee				620	Petition to revive - unintentional	
SUBTOTAL (1) (\$) 740.00	141 142	1,240 1,240	241 242	620	Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES	•				•	
Extra Fee from	143	440	243	220	Design issue fee	
Claims below Fee Paid	144	600	244	300	Plant issue fee	
Total Claims 31 -20**= 11 x 18 = 198.00	122	130	122	130	Petitions to the Commissioner	
Independent 3 -3** = 0 x =	123	50	123	50	Petitions related to provisional applications	
Claims Multiple Dependent Claims	126	240	126	240	Submission of Information Disclosure Stmt	
Matthe Dependent Glame	581	40	581	40	Recording each patent assignment per	40.00
**or number previously paid, if greater; For Reissues, see below	146	710	246	355	property (times number of properties) Filing a submission after final rejection	
Large Entity Small Entity Fee Fee Fee Fee Description					(37 ČFR § 1 129(a)	<u> </u>
Code (\$) Code (\$)	149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b)	
103 18 203 9 Claims in excess of 20	179	710	279	355	Request for Continued Examination (RCE)	
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	169	900	169		Request for expedited examination of a	
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 **Reissue independent claims over					design application	
original patent	Othe	r fee (spe	ecify) _			
110 18 210 9 **Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2) (\$) 198.00				SI	UBTOTAL (3) (\$)40.00	
**or number previously paid, if greater; For Reissues, see above	*Redu	ced by Ba	asıc Fılır			
SUBMITTED BY Complete (if applicable)						
Namo			stratio		34,137 Telephone 312-6	55-1500
(Print/type) Jon P. Christensen		_ (Attor	rney/A	gent)	Dete	
Signature					Nover	mber 6, 2001